JUN 25 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16458

File No. ....
Registered No. ....

1. PLACE OF DEATH

County: Jasper
Township: Marion
City: Carthage (No. ...., ..., St. ...., Ward) -

Registration District No. 408
Primary Registration District No. 3020

2. FULL NAME Mary J. Culley

(a) Residence. No. 802 W. Macon St., ..., Ward. ....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Culley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25, 1840.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
89	10	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ....
(c) Name of employer: ....

9. BIRTHPLACE (CITY OR TOWN) DeWitt County
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Abraham Swearingen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. H. A. Germany
(Address) Carthage, Missouri

15. Filed May 10, 30 C. H. Ketcham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1928, 1928, to May 10 1930, that I last saw her alive on May 9th 1930, and that death occurred, on the date stated above, at 9:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis
53B
92B
162 (duration) .... yrs. .... mos. 10 ds.
CONTRIBUTORY (SECONDARY) Senility and Carcinoma
of Bladder (duration) 2 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED ....
IF NOT AT PLACE OF DEATH ....
DID AN OPERATION PRECEDE DEATH? No DATE OF ....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. D. Hatcher, M. D.
, 19 (Address) Carthage Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Goss Cemetery — DATE OF BURIAL: May 11 1930

20. UNDERTAKER: Luce Mortuary — ADDRESS: Carthage Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD